

FORM B1 United States Bankruptcy Court Northern District of Illinois, Western Division		Voluntary Petition
Name of Debtor (if individual, enter Last, First, Middle): Schumann, Robert J.		Name of Joint Debtor (Spouse) (Last, First, Middle): Schumann, Melissa R.
All Other Names used by the Debtor in the last 6 years (include married, maiden, and trade names): None		All Other Names used by the Joint Debtor in the last 6 years (include married, maiden, and trade names): a/k/a Melissa Gallo; a/k/a Melissa Dore
Last four digits of Soc.Sec.No./Complete EIN or other Tax ID No. (if more than one, state all): 7844		Last four digits of Soc.Sec.No./Complete EIN or other Tax ID No. (if more than one, state all): 0160
Street Address of Debtor (No. & Street, City, State & Zip Code): 1022 Minns Drive, Apt. B Machesney Park, IL 61115		Street Address of Joint Debtor (No. & Street, City, State & Zip Code): 1022 Minns Drive, Apt. B Machesney Park, IL 61115
County of Residence or of the Principal Place of Business: Winnebago		County of Residence or of the Principal Place of Business: Winnebago
Mailing Address of Debtor (if different from street address):		Mailing Address of Joint Debtor (if different from street address):
Location of Principal Assets of Business Debtor (if different from street address above):		

Information Regarding the Debtor (Check the Applicable Boxes)

Venue (Check any applicable box)

- ☒ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.
- ☐ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.

Type of Debtor (Check all boxes that apply)

- | | |
|---|---|
| <input checked="" type="checkbox"/> Individual(s) | <input type="checkbox"/> Railroad |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Stockbroker |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Commodity Broker |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Clearing Bank |

Chapter or Section of Bankruptcy Code Under Which the Petition Is Filed (Check one box)

- | | | |
|------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Chapter 7 | <input type="checkbox"/> Chapter 11 | <input checked="" type="checkbox"/> Chapter 13 |
| <input type="checkbox"/> Chapter 9 | <input type="checkbox"/> Chapter 12 | |
| <input type="checkbox"/> | | |

Nature of Debts (Check one box)

- ☒ Consumer/Non-Business ☐ Business

Chapter 11 Small Business (Check all boxes that apply)

- ☐ Debtor is a small business as defined in 11 U.S.C. § 101
- ☐ Debtor is and elects to be considered a small business under 11 U.S.C. § 1121(e) (Optional)

Filing Fee (Check one box)

- ☒ Full Filing Fee attached
- ☐ Filing Fee to be paid in installments (Applicable to individuals only)
 Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form No. 3.

Statistical/Administrative Information (Estimates only)

- ☒ Debtor estimates that funds will be available for distribution to unsecured creditors.
- ☐ Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.

Estimated Number of Creditors	1-15	16-49	50-99	100-199	200-999	1000-over
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Estimated Assets	\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	More than \$100 million
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Estimated Debts	\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	More than \$100 million
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

THIS SPACE IS FOR COURT USE ONLY

Voluntary Petition (This page must be completed and filed in every case)		Document Page 2 of 47	
Location Where Filed: <u>Rockford, Illinois</u>		Case Number: <u>02 B 73387</u>	Date Filed: <u>07/25/2002</u>
Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet) Name of Debtor: <u>NONE</u>		Case Number:	Date Filed:
District:	Relationship:	Judge:	
Signature(s) of Debtor(s) (Individual/Joint) I declare under penalty of perjury that the information provided in this petition is true and correct. [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.		Signatures Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11) <input type="checkbox"/> Exhibit A is attached and made a part of this petition.	
<u>X</u> <u>[Signature]</u> Signature of Debtor <u>X</u> <u>Melissa R. Schumann</u> Signature of Joint Debtor Telephone Number (If not represented by attorney) <u>12-15-04</u> Date		Exhibit B (To be completed if debtor is an individual whose debts are primarily consumer debts) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. <u>X</u> <u>[Signature]</u> <u>12-15-04</u> Signature of Attorney for Debtor(s) Date	
<u>X</u> <u>[Signature]</u> Signature of Attorney for Debtor(s) <u>RICHARD T. JONES 6184529</u> Printed Name of Attorney for Debtor(s) <u>Richard T. Jones</u> Firm Name <u>138 Cass Street</u> Address <u>Post Office Box 169311 Woodstock, Illinois 60098</u> <u>(815) 334-8220</u> Telephone Number <u>12-15-04</u> Date		Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No	
Signature of Debtor (Corporation/Partnership) I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor. The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition. <u>X</u> Signature of Authorized Individual Printed Name of Authorized Individual Title of Authorized Individual Date		Signature of Non-Attorney Petition Preparer I certify that I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110, that I prepared this document for compensation, and that I have provided the debtor with a copy of this document. Printed Name of Bankruptcy Petition Preparer Social Security Number (Required by 11 U.S.C. § 110(c).) Address Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document: If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person. <u>X</u> Signature of Bankruptcy Petition Preparer Date A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.	

FORM B6A
(10/89)

In re Robert J. Schumann & Melissa R. Schumann

Debtor

Case No. _____
(if known)

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a co-tenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, or both own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT MARKET VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
NONE				
Total ▶			0.00	

(Report also on Summary of Schedules)

FORM B6B
(10/89)

Robert J. Schumann & Melissa R. Schumann

In re _____
Debtor

Case No. _____
(if known)

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "X" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, or both own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G- Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property."

TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT MARKET VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand.	X			
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Savings account Harvard Community Credit Union	J	0.00
		Checking account US Bank	H	0.00
		Checking account Charter One	H	0.00
		Checking account US Bank	W	0.00
3. Security deposits with public utilities, telephone companies, landlords, and others.		Rental security deposit Landlord's possession	J	975.00

FORM B6B
(10/89)

Robert J. Schumann & Melissa R. Schumann

In re _____ Debtor

Case No. _____
(if known)

SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT MARKET VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
4. Household goods and furnishings, including audio, video, and computer equipment.		Miscellaneous household goods and furnishings Debtors' possession	J	2,500.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.		Necessary wearing apparel Debtors' possession	J	300.00
7. Furs and jewelry.		Miscellaneous jewelry Debtors' possession	J	300.00
8. Firearms and sports, photographic, and other hobby equipment.		Miscellaneous sports equipment Debtors' possession	J	400.00
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issuer.	X			
11. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Itemize.		401(k) plan Rent-A-Center	H	600.00

FORM B6B
(10/89)

Robert J. Schumann & Melissa R. Schumann

In re

Debtor

Case No.

(if known)

SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT MARKET VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
12. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
13. Interests in partnerships or joint ventures. Itemize.	X			
14. Government and corporate bonds and other negotiable and non-negotiable instruments.	X			
15. Accounts receivable.	X			
16. Alimony, maintenance, support, and property settlement to which the debtor is or may be entitled. Give particulars.	X			
17. Other liquidated debts owing debtor including tax refunds. Give particulars.		Monthly Social Security benefits	W	399.00
		Monthly VA benefits	II	574.00
18. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule of Real Property.	X			
19. Contingent and noncontingent interests in estate or a decedent, death benefit plan, life insurance policy, or trust.	X			
20. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights of setoff claims. Give estimated value of each.	X			
21. Patents, copyrights, and other intellectual property. Give particulars.	X			
22. Licenses, franchises, and other general intangibles. Give particulars.	X			
23. Automobiles, trucks, trailers, and other vehicles and accessories.		1997 Honda CRV subject to lien of Household Automotive Finance Debtors' possession	J	5,417.50

FORM B6B
(10/89)

Robert J. Schumann & Melissa R. Schumann

In re _____ Debtor

Case No. _____
(if known)

SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT MARKET VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
		1995 Saturn SL2 subject to lien of Harvard Community Credit Union; not running Debtors' possession	J	50.00
		1995 Ford Windstar Debtors' possession	J	100.00
24. Boats, motors, and accessories.	X			
25. Aircraft and accessories.	X			
26. Office equipment, furnishings, and supplies.	X			
27. Machinery, fixtures, equipment, and supplies used in business.	X			
28. Inventory.	X			
29. Animals.	X			
30. Crops - growing or harvested. Give particulars.	X			
31. Farming equipment and implements.	X			
32. Farm supplies, chemicals, and feed.	X			
33. Other personal property of any kind not already listed.	X			

0 continuation sheets attached

Total ▶ \$ 11,615.50

(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules)

FORM B8C
(6/90)

Robert J. Schumann & Melissa R. Schumann

In re _____
Debtor

Case No. _____
(if known)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor elects the exemption to which debtor is entitled under

(Check one box)

- ☐ 11 U.S.C. §522(b)(1) Exemptions provided in 11 U.S.C. §522(d). Note: These exemptions are available only in certain states.
- ☒ 11 U.S.C. §522(b)(2) Exemptions available under applicable nonbankruptcy federal laws, state or local law where the debtor's domicile has been located for the 180 days immediately preceding the filing of the petition, or for a longer portion of the 180-day period than in any other place, and the debtor's interest as a tenant by the entirety or joint tenant to the extent the interest is exempt from process under applicable nonbankruptcy law.

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT MARKET VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTIONS
Savings account	(Husb)735 I.L.C.S §12-1001(b)	0.00	0.00
	(Wife)735 I.L.C.S §12-1001(b)	0.00	
Checking account	(Husb)735 I.L.C.S §12-1001(b)	0.00	0.00
Checking account	(Husb)735 I.L.C.S §12-1001(b)	0.00	0.00
Checking account	(Wife)735 I.L.C.S §12-1001(b)	0.00	0.00
Miscellaneous household goods and furnishings	(Husb)735 I.L.C.S §12-1001(b)	1,250.00	2,500.00
	(Wife)735 I.L.C.S §12-1001(b)	1,250.00	
Necessary wearing apparel	(Husb)735 I.L.C.S §12-1001(a)	150.00	300.00
	(Wife)735 I.L.C.S §12-1001(a)	150.00	
Miscellaneous jewelry	(Husb)735 I.L.C.S §12-1001(b)	150.00	300.00
	(Wife)735 I.L.C.S §12-1001(b)	150.00	
Miscellaneous sports equipment	(Husb)735 I.L.C.S §12-1001(b)	200.00	400.00
	(Wife)735 I.L.C.S §12-1001(b)	200.00	
401(k) plan	(Husb)735 I.L.C.S §12-1006	600.00	600.00
Monthly Social Security benefits	(Wife)735 I.L.C.S §12-1001(g)(1)	399.00	399.00

FORM B6C
(6/90)

Robert J. Schumann & Melissa R. Schumann

In re _____
Debtor

Case No _____
(if known)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT (Continuation Page)

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT MARKET VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTIONS
Monthly VA benefits	(Husb)735 I.L.C.S 5§12-1001(g)(2)	574.00	574.00
1995 Ford Windstar	(Husb)735 I.L.C.S 5§12-1001(c) (Wife)735 I.L.C.S 5§12-1001(c)	50.00 50.00	100.00

Form B6D
(12/03)

In re Robert J. Schumann & Melissa R. Schumann
Debtor

Case No. _____
(If known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests. List creditors in alphabetical order to the extent practicable. If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND MARKET VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. 87844 Harvard Community Credit Union 1200 South Division Street Harvard, Illinois 60033		Lien: Auto loan Security: 1995 Saturn SL2 VALUE \$ 50.00				7,529.01	7,479.01
ACCOUNT NO. 894783 Household Automotive Finance Post Office Box 17904 San Diego, CA 92177		Lien: Auto loan Security: 1997 Honda CRV VALUE \$ 5,417.50				15,042.74	9,625.24
ACCOUNT NO.							
		VALUE \$					
ACCOUNT NO.							
		VALUE \$					

0 continuation sheets attached

Subtotal \$ 22,571.75
(Total of this page)
Total \$ 22,571.75
(Use only on last page)

(Report total also on Summary of Schedules)

In re Robert J. Schumann & Melissa R. Schumann
Debtor

Case No. _____
(if known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether husband, wife, both of them or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotal" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Repeat this total also on the Summary of Schedules.

☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(2).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$4,650* per person earned within 90 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(3).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$4,650* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(5).

☐ **Deposits by individuals**

Claims of individuals up to \$2,100* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(6).

☐ **Alimony, Maintenance, or Support**

Claims of a spouse, former spouse, or child of the debtor for alimony, maintenance, or support, to the extent provided in 11 U.S.C. § 507(a)(7).

☐ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

* Amounts are subject to adjustment on April 1, 2004, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

0 continuation sheets attached

Form B6F (12/03)

In re Robert J. Schumann & Melissa R. Schumann
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community maybe liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. A-Tec Ambulance, Inc. 198 Thomas Drive Sycamore, IL 60178		Consideration: Medical services				470.00
ACCOUNT NO. American Medical Secur. c/o NCO Financial Post Office Box 8861 Metairie, LA 70010-8861		Consideration: Medical services				Notice Only
ACCOUNT NO. American Medical Secur. Post Office Box 19032 Greenbay, WI 54307-9032		Consideration: Medical services				556.83
ACCOUNT NO. Arnold Law Office Post Office Box 3245 Bloomington, IL 61702-3245						108.50

16 continuation sheets attached

Subtotal \$ (Total of this page)	\$ 1,135.33
Total \$ (Use only on last page)	\$

(Report total also on Summary of Schedules)

Form B6F - Cont.
(12/03)

Robert J. Schumann & Melissa R. Schumann

In re _____
Debtor

Case No. _____
(If known)

SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Associated Imaging Specialists 1121 Lake Cook Road, #M Deerfield, Illinois 60015-5234		Consideration: Medical Services rendered				16.00
ACCOUNT NO. AT&T Post Office Box 57907 Murray, UT 84157 Attn: Bankruptcy Department		Consideration: Services rendered				74.97
ACCOUNT NO. AT&T Wireless Post Office Box 8220 Aurora, IL 60572-8220		Consideration: Services rendered				219.78
ACCOUNT NO. Austin Radiology 3712 Greenwood Road Woodstock, Illinois 60098-8639		Consideration: Medical services				16.64
ACCOUNT NO. Austin Radiology c/o The Bureaus, Inc. 1717 Central Street Evanston, IL 60204		Consideration: Medical services				Notice Only

Sheet no. 1 of 16 continuation sheets attached to Schedule of Creditors
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ 327.39
(Total of this page)
Total \$

(Use only on last page of the completed Schedule F.)

(Report total also on Summary of Schedules)

Form B6F - Cont.
(12/03)

Robert J. Schumann & Melissa R. Schumann

In re _____
Debtor

Case No. _____
(If known)

SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	DEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Blockbuster Post Office Box 695576 Cincinnati, OH 45269-5576		Consideration: NSF check				30.04
ACCOUNT NO. 4106 0820 9133 8452 Capital One 1957 Westmoreland Road Post Office Box 26094 Richmond, VA 23260-6094		Consideration: Credit card debt				385.46
ACCOUNT NO. Centegra Mem. Med. Ctr. c/o ACC International 919 Estes Court Schaumburg, Illinois 60193-4427		Consideration: Medical services				Notice Only
ACCOUNT NO. Multiple accounts Centegra Memorial Medical Center Post Office Box 1990 Woodstock, Illinois 60098		Consideration: Medical services				611.35
ACCOUNT NO. Multiple accounts Centegra Memorial Medical Center Post Office Box 1990 Woodstock, Illinois 60098		Consideration: Medical services				509.66

Sheet no. 2 of 16 continuation sheets attached to Schedule of Creditors
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ (Total of this page)	\$ 1,536.51
Total \$ (Use only on last page of the completed Schedule F.)	\$

(Report total also on Summary of Schedules)

Form B6F - Cont
(12/03)

Robert J. Schumann & Melissa R. Schumann

In re _____,
Debtor

Case No. _____
(If known)

SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Charter Communications c/o Credit Protection Assoc. 5618 Odana Road Madison, WI 53719-1924		Consideration: Services rendered				Notice Only
ACCOUNT NO. Charter Communications Post Office Box 1127 Janesville, WI 53547-1127		Consideration: Services rendered				267.60
ACCOUNT NO. Clark Oil Company 8182 Maryland St. Louis, Missouri 63105		Consideration: NSF checks				38.48
ACCOUNT NO. Clark Oil Company c/o Riddle & Associates Post Office Box 1187 Sandy, UT 84091		Consideration: Credit card debt				Notice Only
ACCOUNT NO. Clark Oil Company c/o Telecheck Post Office Box 17120 Denver, CO 80217		Consideration: NSF checks				Notice Only

Sheet no. 3 of 16 continuation sheets attached to Schedule of Creditors
Creditors Holding Unsecured Nonpriority Claims

Subtotal A (Total of this page)	\$ 306.08
Total A (Total of this page)	\$

(Use only on last page of the completed Schedule F.)

(Report total also on Summary of Schedules)

Form B6F - Cont.
(12/03)

Robert J. Schumann & Melissa R. Schumann

In re _____,
Debtor

Case No. _____
(If known)

SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODITOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 2712484030 ComEd 2100 Swiss Drive Oak Brook, Illinois 60523 Attn.: Revenue Management		Consideration: Services rendered				369.56
ACCOUNT NO. Cross Country Bank c/o CCB Credit Services 1045 Outer Park Drive Springfield, IL 62704		Consideration: Credit card debt				Notice Only
ACCOUNT NO. 4227 0937 2556 2254 Cross Country Bank Post Office Box 310711 Boca Raton, FL 33431		Consideration: Credit card debt				449.32
ACCOUNT NO. Dale A. Carlson Attorney at Law 35 1/2 North Ayer Street Harvard, Illinois 60033		Consideration: Guardian ad litem fees				690.00
ACCOUNT NO. Dominicks Finer Foods 711 Jorie Blvd. Oak Brook, IL 60523-4425		Consideration: NSF checks				49.73

Sheet no. 4 of 16 continuation sheets attached to Schedule of Creditors
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$	\$ 1,558.61
(Total of this page)	
Total \$	\$

(Use only on last page of the completed Schedule F.)

(Report total also on Summary of Schedules)

Form B6F - Cont.
(12/03)

Robert J. Schumann & Melissa R. Schumann

In re _____
Debtor

Case No. _____
(If known)

SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.		Consideration: NSF checks				Notice Only
Dominicks Finer Foods c/o Telecheck Post Office Box 17170 Denver, CO 80217-1070						
ACCOUNT NO. 7601		Consideration: Services rendered				23.95
Eco Water 6206 Forest Hill Road Loves Park, Illinois 61111						
ACCOUNT NO. Multiple accounts		Consideration: Medical services rendered				470.85
Family Services 5320 West Elm Street McHenry, Illinois 60050						
ACCOUNT NO.		Consideration: Medical services				67.71
FHN c/o Rockford Mercantile Agency 2502 S. Alpine Road Rockford, Illinois 61108						
ACCOUNT NO. 5421 1600 3148 4217		Consideration: Credit card debt				659.09
First Consumers National Bank Post Office Box 922700 Norcross, GA 30010-2700						

Sheet no. 5 of 16 continuation sheets attached to Schedule of Creditors
Creditors Holding Unsecured Nonpriority Claims

Subtotal \hat{A} (Total of this page)	\$ 1,221.60
Total \hat{A}	\$

(Use only on last page of the completed Schedule F.)

(Report total also on Summary of Schedules)

Form B6F - Cont.
(12/03)

Robert J. Schumann & Melissa R. Schumann

In re _____
Debtor

Case No. _____
(If known)

SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODITOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT UNLIQUIDATED DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Fox Valley Ear Nose & Throat Assoc. 1015 Summit Street Elgin, Illinois 60120-4362		Consideration: Medical services		255.02
ACCOUNT NO. Gran Prix 1510 West Galena Freeport, IL 61032				106.69
ACCOUNT NO. Multiple accounts Grolier Books Post Office Box 1704 Danbury, CT 06816		Consideration: Book club		56.82
ACCOUNT NO. Harvard Chiropractic Clinic 30 North Ayer Harvard, Illinois 60033		Consideration: Medical services		198.31
ACCOUNT NO. Harvard Fire Protection Dist. c/o CW Services 1500 W. Lincoln Ave. Rochelle, IL 61068-1895		Consideration: Medical services		Notice Only

Sheet no. 6 of 16 continuation sheets attached to Schedule of Creditors
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ (Total of this page)	\$ 616.84
Total \$ (Use only on last page of the completed Schedule F.)	\$

(Report total also on Summary of Schedules)

Form B6F - Cont.
(12/03)

Robert J. Schumann & Melissa R. Schumann

In re _____,
Debtor

Case No. _____
(If known)

SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Harvard Fire Protection Dist. Post Office Box 263 Harvard, Illinois 60033-0263		Consideration: Medical services				46.60
ACCOUNT NO. Multiple accounts Harvard Memorial Hospital 901 Grant Street Harvard, Illinois 60033		Consideration: Medical services				1,534.70
ACCOUNT NO. 71546548 Heights Finance Post Office Box 176 McHenry, Illinois 60050		Consideration: Loan				777.91
ACCOUNT NO. Multiple accounts Horizons Behavioral Health 970 McHenry Avenue Crystal Lake, Illinois 60014		Consideration: Medical services				337.27
ACCOUNT NO. Hot Topic c/o Telecheck Post Office Box 17120 Denver, CO 80217-0120		Consideration: NSF checks				213.59

Sheet no. 7 of 16 continuation sheets attached to Schedule of Creditors
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ (Total of this page)	\$ 2,910.07
Total \$ (Use only on last page of the completed Schedule F.)	\$

(Report total also on Summary of Schedules)

Form B6F - Cont.
(12/03)

Robert J. Schumann & Melissa R. Schumann

In re _____,
Debtor

Case No. _____
(If known)

SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.		Consideration: NSF check				225.00
Jewel Food Stores Post Office Box 1488 Melrose Park, IL 60160						
ACCOUNT NO.		Consideration: Legal services				2,669.25
Joel Berg Attorney at Law 105 1/2 E. Sumner Harvard, Illinois 60033						
ACCOUNT NO.		Consideration: Services rendered				500.00
Johnson & Associates Post Office Box 551 Fox Lake, Illinois 60021						
ACCOUNT NO.		Consideration: Medical services				113.00
Lake/McHenry Pathology Assoc. 520 East 22nd Street Lombard, Illinois 60148						
ACCOUNT NO.		Consideration: Medical services				177.90
Lakeland Surgical Clinic 20 North Church Street Elkhorn, WI 53121						

Sheet no. 8 of 16 continuation sheets attached to Schedule of Creditors
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$	\$ 3,685.15
(Total of this page)	
Total \$	\$

(Use only on last page of the completed Schedule F.)

(Report total also on Summary of Schedules)

Form B6F - Cont.
(12/03)

Robert J. Schumann & Melissa R. Schumann

In re _____,
Debtor

Case No. _____
(If known)

SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	DEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM, IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 00888642 MCI Bankruptcy Department 3470 Rider Trails Earth City, MO 63045		Consideration: Services rendered				86.28
ACCOUNT NO. MCI c/o Park Danson 113 W. 3rd Avenue Gastonia, NC 28053		Consideration: Services rendered				Notice Only
ACCOUNT NO. 9417 MDS Investigations, Inc. Post Office Box 309 McHenry, Illinois 60050		Consideration: Services rendered				110.00
ACCOUNT NO. Mercy Health System c/o Franks, Gerkin & McKenna Post Office Box 5 Marengo, Illinois 60152		Consideration: Medical services				Notice Only
ACCOUNT NO. Multiple accounts MHS Physicians Post Office Box 5081 Janesville, WI 53547-5081		Consideration: Medical services				4,270.12

Sheet no. 9 of 16 continuation sheets attached to Schedule of Creditors
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$	\$ 4,466.40
(Total of this page)	
Total \$	\$

(Use only on last page of the completed Schedule F.)

(Report total also on Summary of Schedules)

Form B6F - Cont.
(12/03)

Robert J. Schumann & Melissa R. Schumann

In re _____
Debtor

Case No. _____
(If known)

SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See Instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Michael J. Krol, DDS 710 West Brink Street Harvard, Illinois 60033		Consideration: Medical services				685.15
ACCOUNT NO. Michael Karasis, MD Post Office Box 1075 Elgin, Illinois 60121		Consideration: Medical services				33.88
ACCOUNT NO. Michael R. Rein, DC 1216 N. Seminary Ave. Woodstock, Illinois 60098		Consideration: Medical services				252.44
ACCOUNT NO. Midwest Lakes Medical Ctr. 690 Terra Cotta Avenue, #D Crystal Lake, Illinois 60014		Consideration: Medical services				24.20
ACCOUNT NO. Monroe Clinic 2009 5th Avenue Monroe, WI 53566		Consideration: Medical services				30.60

Sheet no. 10 of 16 continuation sheets attached to Schedule of Creditors
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$	\$ 1,026.27
(Total of this page)	
Total \$	\$

(Use only on last page of the completed Schedule F.)

(Report total also on Summary of Schedules)

Form B6F - Cont
(12/03)

Robert J. Schumann & Melissa R. Schumann

In re _____
Debtor

Case No. _____
(If known)

SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODER DEB HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Neuropsychiatric Assoc. 350 W. Kensington Rd., #115 Mt. Prospect, IL 60056		Consideration: Medical services				293.16
ACCOUNT NO. Neuropsychiatric Assoc. c/o ACC International 919 Estes Court Schaumburg, Illinois 60193-4427		Consideration: Medical services				Notice Only
ACCOUNT NO. Northwest Herald c/o Biehl and Biehl Post Office Box 66415 Chicago, Illinois 60666-0415		Consideration: Subscription				Notice Only
ACCOUNT NO. Northwest Herald Post Office Box 250 Crsytal Lake, Illinois 60098		Consideration: Newspaper subscription				27.00
ACCOUNT NO. Old Country Buffet c/o Checkrite Post Office Box 661069 Chicago, Illinois 60666-1068		Consideration: NSF checks				Notice Only

Sheet no. 11 of 16 continuation sheets attached to Schedule of Creditors
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ 320.16
(Total of this page)
Total \$

(Use only on last page of the completed Schedule F.)

(Report total also on Summary of Schedules)

Form B6F - Cont.
(12/03)

Robert J. Schumann & Melissa R. Schumann

In re _____
Debtor

Case No. _____
(If known)

SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Old Country Buffet Commons Shopping Center Crystal Lake, Illinois 60014		Consideration: NSF checks				60.25
ACCOUNT NO. Pick-N-Save c/o AP&R Post Office Box 780 Sun Prairie, WI 53590-0780		Consideration: NSF checks				109.22
ACCOUNT NO. Pick-N-Save c/o Sipsma & Hahn Post Office Box 14417 Madison, WI 53714-0417		Consideration: NSF checks				Notice Only
ACCOUNT NO. 4559 5126 0048 8366 Providian Attn: Bankruptcy Dept. Post Office Box 24224 Louisville, KY 40224-0224		Consideration: Credit card debt				287.50
ACCOUNT NO. Providian c/o Risk Management Serv. Post Office Box 4014 Reynoldsberg, OH 43068-9014		Consideration: Credit card debt				Notice Only

Sheet no. 12 of 16 continuation sheets attached to Schedule of Creditors
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ 456.97
(Total of this page)
Total \$

(Use only on last page of the completed Schedule F.)

(Report total also on Summary of Schedules)

Form B6F - Cont.
(12/03)

Robert J. Schumann & Melissa R. Schumann

In re _____
Debtor

Case No. _____
(If known)

SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Readers Digest Post Office Box 5218 Clifton, NJ 07015-5218		Consideration: Subscription				11.67
ACCOUNT NO. Rockford Assoc. of Pathology 1400 Charles Street Rockford, Illinois 61104		Consideration: Medical services				13.28
ACCOUNT NO. Rockford Assoc. of Pathology c/o Mutual Mgt. Services Post Office Box 4777 Rockford, Illinois 61110		Consideration: Medical services				Notice Only
ACCOUNT NO. Sears RCCOC 8602 Post Office Box 3671 Des Moines, Iowa 50322		Consideration: Credit card debt				868.35
ACCOUNT NO. Sears RCCOC 8602 Post Office Box 3671 Des Moines, Iowa 50322		Consideration: Credit card debt				769.13

Sheet no. 13 of 16 continuation sheets attached to Schedule of Creditors
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ 1,662.43
(Total of this page)
Total \$

(Use only on last page of the completed Schedule F.)

(Report total also on Summary of Schedules)

Form B6F - Cont.
(12/03)

Robert J. Schumann & Melissa R. Schumann

In re _____,
Debtor

Case No. _____
(If known)

SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Multiple accounts Sherman Hospital 934 Center Street Elgin, Illinois 60120		Consideration: Medical services				585.77
ACCOUNT NO. Sprint PCS Customer Care Post Office Box 8077 London, KY 40742		Consideration: Services rendered				71.96
ACCOUNT NO. St. Joseph Hospital 77 North Airlite Street Elgin, Illinois 60123		Consideration: Medical services				904.11
ACCOUNT NO. T Mobile c/o Law Offices of Smith & Assoc. 5720 Peachtree Pkwy, #350 Norcross, GA 30092		Consideration: Services rendered				Notice Only
ACCOUNT NO. T Mobile Post Office Box 742596 Cincinnati, OH 45274-2596		Consideration: Services rendered				343.56

Sheet no. 14 of 16 continuation sheets attached to Schedule of Creditors
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ 1,905.40
(Total of this page)
Total \$

(Use only on last page of the completed Schedule F.)

(Report total also on Summary of Schedules)

Form B6F - Cont.
(12/03)

Robert J. Schumann & Melissa R. Schumann

In re _____
Debtor

Case No. _____
(If known)

SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Tanveer Ahmad, MD Post Office Box 1527 Woodstock, Illinois 60098		Consideration: Medical services				175.00
ACCOUNT NO. Telecheck Recovery Serv. c/o GC Services Post Office Box 3026 Houston, TX 77253		Consideration: NSF checks				Notice Only
ACCOUNT NO. Telecheck Recovery Serv. Post Office Box 17450 Denver, CO 80217		Consideration: NSF checks				25.00
ACCOUNT NO. United Anesthesia Assoc. Post Office Box 646 Elgin, Illinois 60121		Consideration: Medical services				600.28
ACCOUNT NO. Vartec Telecom, Inc. Post Office Box 600607 Jacksonville, IL 32260-0607		Consideration: Services rendered				7.09

Sheet no. 15 of 16 continuation sheets attached to Schedule of Creditors
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ (Total of this page)	\$ 807.37
Total \$ (Use only on last page of the completed Schedule F.)	\$

(Report total also on Summary of Schedules)

Form 366F - Cont.
(12/03)

Robert J. Schumann & Melissa R. Schumann

In re _____,
Debtor

Case No. _____
(If known)

SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Verizon c/o CCA Post Office Box 5055 Norwell, MA 02061-5055		Consideration: Services rendered				Notice Only
ACCOUNT NO. Verizon BK Administration 404 Brock Drive Bloomington, IL 61701		Consideration: Services rendered				121.00
ACCOUNT NO. Multiple Walmart Stores, Inc. Post Office Box 2844 Tuscaloosa, AL 35403-2844		Consideration: NSF checks				343.82
ACCOUNT NO.						
ACCOUNT NO.						

Sheet no. 16 of 16 continuation sheets attached to Schedule of Creditors
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$	\$ 464.82
(Total of this page)	
Total \$	\$ 24,407.40

(Use only on last page of the completed Schedule F.)

(Report total also on Summary of Schedules)

FORM B6G
(10/89)

Robert J. Schumann & Melissa R. Schumann

In re _____
Debtor

Case No. _____
(if known)

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests.

State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease.

Provide the names and complete mailing addresses of all other parties to each lease or contract described.

NOTE: A party listed on this schedule will not receive notice of the filing of this case unless the party is also scheduled in the appropriate schedule of creditors.

☒ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE OF OTHER PARTIES TO LEASE OR CONTRACT	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST, STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT

FORM B6H
(6/90)

Robert J. Schumann & Melissa R. Schumann

In re

Debtor

Case No.

(if known)

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. In community property states, a married debtor not filing a joint case should report the name and address of the nondebtor spouse on this schedule. Include all names used by the nondebtor spouse during the six years immediately preceding the commencement of this case.

☒ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

Form B61
12/03

In re Robert J. Schumann & Melissa R. Schumann
Debtor

Case No. _____
(if known)

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by a married debtor in a chapter 12 or 13 case whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.

Debtor's Marital Status:	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP	AGE
Married	daughter daughter	7 years 1 years
Employment:	DEBTOR	SPOUSE
Occupation	Executive Assistant Mgr.	Disability
Name of Employer	Rent-A-Center	
How long employed	3 years	
Address of Employer	2010 North Richmond Rd. McHenry, Ill, 60050	2010 North Richmond Rd. McHenry, Ill, 60050

Income: (Estimate of average monthly income)

Current monthly gross wages, salary, and commissions
(pro rate if not paid monthly.)

Estimated monthly overtime

SUBTOTAL

LESS PAYROLL DEDUCTIONS

a. Payroll taxes and social security

b. Insurance

c. Union Dues

d. Other (Specify: (D)401(k) ded (173.36) 401(k) loan (95.85))

SUBTOTAL OF PAYROLL DEDUCTIONS

TOTAL NET MONTHLY TAKE HOME PAY

Regular income from operation of business or profession or farm
(attach detailed statement)

Income from real property

Interest and dividends

Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above.

Social security or other government assistance

(Specify) _____ (S)Social Security disability _____

Pension or retirement income

Other monthly income

(Specify) (D)VA disability _____

TOTAL MONTHLY INCOME

TOTAL COMBINED MONTHLY INCOME \$ 3,258.61

DEBTOR

SPOUSE

\$ 3,467.43 \$ 0.00

\$ 0.00 \$ 0.00

\$ 3,467.43 \$ 0.00

\$ 477.84 \$ 0.00

\$ 421.21 \$ 0.00

\$ 13.56 \$ 0.00

\$ 269.21 \$ 0.00

\$ 1,181.82 \$ 0.00

\$ 2,285.61 \$ 0.00

\$ 0.00 \$ 0.00

\$ 0.00 \$ 0.00

\$ 0.00 \$ 0.00

\$ 0.00 \$ 0.00

\$ 0.00 \$ 399.00

\$ 0.00 \$ 0.00

\$ 574.00 \$ 0.00

\$ 0.00 \$ 0.00

\$ 2,859.61 \$ 399.00

(Report also on Summary of Schedules)

Describe any increase or decrease of more than 10% in any of the above categories anticipated to occur within the year following the filing of this document:

FORM B6J
(6/90)

Robert J. Schumann & Melissa R. Schumann

In re _____,
DebtorCase No. _____
(If known)**SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTORS**

Complete this schedule by estimating the average monthly expenses of the debtor and the debtor's family. Pro rate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

Rent or home mortgage payment (include lot rented for mobile home)	\$	950.00
Are real estate taxes included? Yes _____ No <u>✓</u>		
Is property insurance included? Yes _____ No <u>✓</u>		
Utilities Electricity and heating fuel	\$	200.00
Water and sewer	\$	25.00
Telephone	\$	110.00
Other Disposal/cable	\$	80.00
Home maintenance (Repairs and upkeep)	\$	0.00
Food	\$	500.00
Clothing	\$	125.00
Laundry and dry cleaning	\$	0.00
Medical and dental expenses	\$	125.00
Transportation (not including car payments)	\$	316.00
Recreation, clubs and entertainment, newspapers, magazines, etc.	\$	150.00
Charitable contributions	\$	0.00
Insurance (not deducted from wages or included in home mortgage payments)		
Homeowner's or renter's	\$	0.00
Life	\$	0.00
Health	\$	0.00
Auto	\$	145.00
Other	\$	0.00
Taxes (not deducted from wages or included in home mortgage payments)		
(Specify) _____	\$	0.00
Installment payments (In chapter 12 and 13 cases, do not list payments to be included in the plan)		
Auto	\$	0.00
Other	\$	0.00
Other	\$	0.00
Alimony, maintenance, and support paid to others	\$	216.67
Payments for support of additional dependents not living at your home	\$	0.00
Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$	0.00
Other	\$	0.00

TOTAL MONTHLY EXPENSES (Report also on Summary of Schedules)

\$ 2,942.67

(FOR CHAPTER 12 AND 13 DEBTORS ONLY)

Provide the information requested below, including whether plan payments are to be made bi-weekly, monthly, annually, or at some other regular interval.

A. Total projected monthly income	\$	3,258.61
B. Total projected monthly expenses	\$	2,942.67
C. Excess income (A minus B)	\$	315.94
D. Total amount to be paid into plan each _____ monthly _____	\$	315.00
(interval)		

FORM B6 - Cont.
(6/90)

United States Bankruptcy Court

Northern District of Illinois, Western Division

Robert J. Schumann & Melissa R. Schumann

In re

Debtor

Case No.

(If known)

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts from Schedules D, E, and F to determine the total amount of the debtor's liabilities.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	AMOUNTS SCHEDULED		
			ASSETS	LIABILITIES	OTHER
A - Real Property	YES	1	\$ 0.00		
B - Personal Property	YES	4	\$ 11,615.50		
C - Property Claimed As Exempt	YES	2			
D - Creditors Holding Secured Claims	YES	1		\$ 22,571.75	
E - Creditors Holding Unsecured Priority Claims	YES	1		\$ 0.00	
F - Creditors Holding Unsecured Nonpriority Claims	YES	17		\$ 24,407.40	
G - Executory Contracts and Unexpired Leases	YES	1			
H - Codebtors	YES	1			
I - Current Income of Individual Debtor(s)	YES	1			\$ 3,258.61
J - Current Expenditures of Individual Debtor(s)	YES	1			\$ 2,942.67
Total Number of Sheets in ALL Schedules ▶		30			
Total Assets ▶			11,615.50		
				Total Liabilities ▶	46,979.15

Official Form 6-Cont.
(12/03)

In re Robert J. Schumann & Melissa R. Schumann,

Debtor

Case No. _____

(If known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 31 sheets and that they are true and correct to the best of my knowledge, information and belief. (Total shown on summary page plus 1)

Date 12-15-04

Signature [Signature]

Debtor

Date 12-15-04

Signature Melissa R. Schumann

(Joint Debtor, if any)

[If joint case, both spouses must sign]

CERTIFICATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I certify that I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110, that I prepared this document for compensation, and that I have provided the debtor with a copy of this document.

Printed or Typed Name of Bankruptcy Petition Preparer _____

Social Security No. _____
(Required by 11 U.S.C. § 110(c).)

Address _____

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

X
Signature of Bankruptcy Petition Preparer _____

Date

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

Form 7
(12/03)

FORM 7. STATEMENT OF FINANCIAL AFFAIRS
UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS, WESTERN DIVISION

In Re Robert J. Schumann & Melissa R. Schumann
(Name) Debtor

Case No. _____
(if known)

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs.

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. If the answer to an applicable question is "None," mark the box labeled "None." If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within the six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

1. Income from employment or operation of business

None

☐

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the two years immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

SOURCE (if more than one)

2004(H) 38,141.71 Employment

FY: 01/01/04 to 12/15/04

AMOUNT		SOURCE (if more than one)	
2003(H)	34,059.96	Employment	FY: 01/01/03 to 12/31/03
2002(H)			

AMOUNT		SOURCE (if more than one)
2004(W)		
2003(W)		
2002(W)		

2. Income other than from employment or operation of business

None ☒ State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the two years immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
--------	--------

3. Payments to Creditors

None ☒ a. List all payments on loans, installment purchases of goods or services, and other debts, aggregating more than \$600 to any creditor, made within 90 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
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None ☒ b. List all payments made within one year immediately preceding the commencement of this case to or for the benefit of creditors, who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
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4. Suits and administrative proceedings, executions, garnishments and attachments

- None ☐ a. List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
Mercy Health Systems vs. Schumann; Case No.; 04 SC 1945	Small claims	19th Judicial Circuit, McHenry County, IL	Pending

- None ☒ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
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5. Repossessions, foreclosures and returns

- None ☒ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
--	---	--------------------------------------

6. Assignments and Receiverships

- None ☒ a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
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None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN	NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
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7. Gifts

None ☒ List all gifts or charitable contributions made within one year immediately preceding the commencement of this case, except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
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8. Losses

None ☒ List all losses from fire, theft, other casualty or gambling within one year immediately preceding the commencement of this case or since the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES, AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
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9. Payments related to debt counseling or bankruptcy

None ☒ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within one year immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
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10. Other transfers

None ☒ List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
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11. Closed financial accounts

None ☒ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
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12. Safe deposit boxes

None ☒ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
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13. Setoffs

None ☒ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
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14. Property held for another person

None List all property owned by another person that the debtor holds or controls.



NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
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15. Prior address of debtor

None



If the debtor has moved within the two years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
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16. Spouses and Former Spouses

None



If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the six-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Sites

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None



a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None



SITE NAME
AND ADDRESS

NAME AND ADDRESS
OF GOVERNMENTAL UNIT

DATE OF
NOTICE

ENVIRONMENTAL
LAW

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

None



NAME AND ADDRESS
OF GOVERNMENTAL UNIT

DOCKET NUMBER

STATUS OR DISPOSITION

18. Nature, location and name of business

None



a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partnership, sole proprietorship, or was a self-employed professional within the six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within the six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within the six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within the six years immediately preceding the commencement of this case.

NAME	TAXPAYER I.D. NO. (EIN)	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
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b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

None



NAME

ADDRESS

[Questions 19 - 25 are not applicable to this case]

* * * * *

[If completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date 12-15-04

Signature
of Debtor

Robert J. Schumann
ROBERT J. SCHUMANN

Date 12-15-04

Signature
of Joint Debtor

Melissa R. Schumann
MELISSA R. SCHUMANN

CERTIFICATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (Sec 11 U.S.C. § 110)

I certify that I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110, that I prepared this document for compensation, and that I have provided the debtor with a copy of this document.

Printed or Typed Name of Bankruptcy Petition Preparer

Social Security No.
(Required by 11 U.S.C. § 110(e).)

Address

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

X
Signature of Bankruptcy Petition Preparer

Date

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

0 continuation sheets attached

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. § 152 and 3571

UNITED STATES BANKRUPTCY COURT
Northern District of Illinois, Western Division

In re Robert J. Schumann & Melissa R. Schumann,
Debtor

Case No. _____

Chapter 13

DISCLOSURE OF COMPENSATION -- Rule 2016 (b)

1. Pursuant to 11 U.S.C. §329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-names debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is \$2,700.00.

2. The source of the compensation paid, or to be paid to me was the debtor.

3. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

Date 12-15-04 Signature _____


Richard T. Jones, Bar No.

A-Tec Ambulance, Inc.
198 Thomas Drive
Sycamore, IL 60178

American Medical Secur.
c/o NCO Financial
Post Office Box 8861
Metairie, LA 70010-8861

American Medical Secur.
Post Office Box 19032
Greenbay, WI 54307-9032

Arnold Law Office
Post Office Box 3245
Bloomington, IL 61702-3245

Associated Imaging Specialists
1121 Lake Cook Road, #M
Deerfield, Illinois 60015-5234

AT&T
Post Office Box 57907
Murray, UT 84157
Attn: Bankruptcy Department

AT&T Wireless
Post Office Box 8220
Aurora, IL 60572-8220

Austin Radiology
3712 Greenwood Road
Woodstock, Illinois 60098-8639

Austin Radiology
c/o The Bureaus, Inc.
1717 Central Street
Evanston, IL 60204

Blockbuster
Post Office Box 695576
Cincinnati, OH 45269-5576

Capital One
1957 Westmoreland Road
Post Office Box 26094
Richmond, VA 23260-6094

Centegra Mem. Med. Ctr.
c/o ACC International
919 Estes Court
Schaumburg, Illinois
60193-4427

Centegra Memorial Medical Center
Post Office Box 1990
Woodstock, Illinois 60098

Charter Communications
c/o Credit Protection Assoc.
5618 Odana Road
Madison, WI 53719-1924

Charter Communications
Post Office Box 1127
Janesville, WI 53547-1127

Clark Oil Company
8182 Maryland
St. Louis, Missouri 63105

Clark Oil Company
c/o Riddle & Associates
Post Office Box 1187
Sandy, UT 84091

Clark Oil Company
c/o Telecheck
Post Office Box 17120
Denver, CO 80217

ComEd
2100 Swiss Drive
Oak Brook, Illinois 60523
Attn.: Revenue Management

Cross Country Bank
c/o CCB Credit Services
1045 Outer Park Drive
Springfield, IL 62704

Cross Country Bank
Post Office Box 310711
Boca Raton, FL 33431

Dale A. Carlson
Attorney at Law
35 1/2 North Ayer Street
Harvard, Illinois 60033

Dominicks Finer Foods
711 Jorie Blvd.
Oak Brook, IL 60523-4425

Dominicks Finer Foods
c/o Telecheck
Post Office Box 17170
Denver, CO 80217-1070

Eco Water
6206 Forest Hill Road
Loves Park, Illinois 61111

Family Services
5320 West Elm Street
McHenry, Illinois 60050

FHN
c/o Rockford Mercantile
Agency
2502 S. Alpine Road
Rockford, Illinois 61108

First Consumers National Bank
Post Office Box 922700
Norcross, GA 30010-2700

Fox Valley Ear Nose & Throat Assoc.
1015 Summit Street
Elgin, Illinois 60120-4362

Gran Prix
1510 West Galena
Freeport, IL 61032

Grolier Books
Post Office Box 1704
Danbury, CT 06816

Harvard Chiropratic Clinic
30 North Ayer
Harvard, Illinois 60033

Harvard Community Credit
Union
1200 South Division Street
Harvard, Illinois 60033

Harvard Fire Protection Dist.
c/o CW Services
1500 W. Lincoln Ave.
Rochelle, IL 61068-1895

Harvard Fire Protection Dist.
Post Office Box 263
Harvard, Illinois 60033-0263

Harvard Memorial Hospital
901 Grant Street
Harvard, Illinois 60033

Heights Finance
Post Office Box 176
McHenry, Illinois 60050

Horizons Behavioral Health
970 McHenry Avenue
Crystal Lake, Illinois 60014

Hot Topic
c/o Telecheck
Post Office Box 17120
Denver, CO 80217-0120

Household Automotive Finance
Post Office Box 17904
San Diego, CA 92177

Jewel Food Stores
Post Office Box 1488
Melrose Park, IL 60160

Joel Berg
Attorney at Law
105 1/2 E. Sumner
Harvard, Illinois 60033

Johnson & Associates
Post Office Box 551
Fox Lake, Illinois 60021

Lake/McHenry Pathology Assoc.
520 East 22nd Street
Lombard, Illinois 60148

Lakeland Surgical Clinic
20 North Church Street
Elkhorn, WI 53121

MCI
Bankruptcy Department
3470 Rider Trails
Earth City, MO 63045

MCI
c/o Park Danson
113 W. 3rd Avenue
Gastonia, NC 28053

MDS Investigations, Inc.
Post Office Box 309
McHenry, Illinois 60050

Mercy Health System
c/o Franks, Gerkin & McKenna
Post Office Box 5
Marengo, Illinois 60152

MHS Physicians
Post Office Box 5081
Janesville, WI 53547-5081

Michael J. Krol, DDS
710 West Brink Street
Harvard, Illinois 60033

Michael Karasis, MD
Post Office Box 1075
Elgin, Illinois 60121

Michael R. Rein, DC
1216 N. Seminary Ave.
Woodstock, Illinois 60098

Midwest Lakes Medical Ctr.
690 Terra Cotta Avenue, #D
Crystal Lake, Illinois 60014

Monroe Clinic
2009 5th Avenue
Monroe, WI 53566

Neuropsychiatric Assoc.
350 W. Kensington Rd., #115
Mt. Prospect, IL 60056

Neuropsychiatric Assoc.
c/o ACC International
919 Estes Court
Schaumburg, Illinois
60193-4427

Northwest Herald
c/o Biehl and Biehl
Post Office Box 66415
Chicago, Illinois 60666-0415

Northwest Herald
Post Office Box 250
Crystal Lake, Illinois 60098

Old Country Buffet
c/o Checkrite
Post Office Box 661069
Chicago, Illinois 60666-1068

Old Country Buffet
Commons Shopping Center
Crystal Lake, Illinois 60014

Pick-N-Save
c/o AP&R
Post Office Box 780
Sun Prairie, WI 53590-0780

Pick-N-Save
c/o Sipsma & Hahn
Post Office Box 14417
Madison, WI 53714-0417

Providian
Attn.: Bankruptcy Dept.
Post Office Box 24224
Louisville, KY 40224-0224

Providian
c/o Risk Management Serv.
Post Office Box 4014
Reynoldsberg, OH 43068-9014

Readers Digest
Post Office Box 5218
Clifton, NJ 07015-5218

Rockford Assoc. of Pathology
1400 Charles Street
Rockford, Illinois 61104

Rockford Assoc. of Pathology
c/o Mutual Mgt. Services
Post Office Box 4777
Rockford, Illinois 61110

Sears RCCOC 8602
Post Office Box 3671
Des Moines, Iowa 50322

Sherman Hospital
934 Center Street
Elgin, Illinois 60120

Sprint PCS
Customer Care
Post Office Box 8077
London, KY 40742

St. Joseph Hospital
77 North Airlite Street
Elgin, Illinois 60123

T Mobile
c/o Law Offices of Smith & Assoc.
5720 Peachtree Pkwy, #350
Norcross, GA 30092

T Mobile
Post Office Box 742596
Cincinnati, OH 45274-2596

Tanveer Ahmad, MD
Post Office Box 1527
Woodstock, Illinois 60098

Telecheck Recovery Serv.
c/o GC Services
Post Office Box 3026
Houston, TX 77253

Telecheck Recovery Serv.
Post Office Box 17450
Denver, CO 80217

United Anesthesia Assoc.
Post Office Box 646
Elgin, Illinois 60121

Vartec Telecom, Inc.
Post Office Box 600607
Jacksonville, IL 32260-0607

Verizon
c/o CCA
Post Office Box 5055
Norwell, MA 02061-5055

Verizon
BK Administration
404 Brock Drive
Bloomington, IL 61701

Walmart Stores, Inc.
Post Office Box 2844
Tuscaloosa, AL 35403-2844

**UNITED STATES BANKRUPTCY COURT
Northern District of Illinois, Western Division**

In re Robert J. Schumann & Melissa R. Schumann,
Debtor

Case No. _____

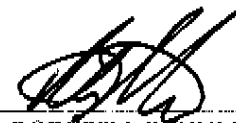
Chapter 13

VERIFICATION OF LIST OF CREDITORS

I hereby certify under penalty of perjury that the attached List of Creditors which consists of 3 pages, is true,
correct and complete to the best of my knowledge.

Date 12-15-04

Signature
of Debtor



ROBERT J. SCHUMANN

Date 12-15-04

Signature
of Joint Debtor



MELISSA R. SCHUMANN